

Epitomes

Important Advances in Clinical Medicine

Preventive Medicine and Public Health

The Scientific Board of the California Medical Association presents the following inventory of items of progress in preventive medicine and public health. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist busy practitioners, students, research workers or scholars to stay abreast of these items of progress in preventive medicine and public health that have recently achieved a substantial degree of authoritative acceptance, whether in their own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Preventive Medicine and Public Health of the California Medical Association and the summaries were prepared under its direction.

Reprint requests to Division of Scientific and Educational Activities,
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Preventing Influenza in the Elderly

STUDIES HAVE consistently shown that the elderly and those with certain medical conditions are at the highest risk for morbidity and mortality due to influenza virus infections. Influenza and pneumonia remain the fourth leading cause of death in the elderly. The US Public Health Service's Advisory Committee on Immunization Practices recommends that the elderly and other high-risk groups be vaccinated annually against influenza infection. However, the recommendation has been based primarily on extrapolated efficacy data from younger populations, rather than on data directly documenting vaccine efficacy in elderly populations. Also, the recommendation is generally not followed. In national surveys, only about 20% of high-risk patients are vaccinated annually.

Vaccination of nursing home elderly patients may be particularly important. Epidemics of influenza in nursing homes are associated with high morbidity and mortality, and more data have accumulated regarding vaccine efficacy in this setting. In a recent study of the influenza A epidemic in Michigan between December 1982 and March 1983, vaccinated nursing home residents were less likely to become ill, have development of pneumonia, be admitted to hospital or die. Although the reported vaccine efficacy of 28% to 37% inferred from attack rates was considerably lower than usual estimates of efficacy, these results suggest that, at least in nursing home patients, influenza vaccination may attenuate infection even if it does not prevent it. These data also show significant noncompliance. Even though physicians routinely ordered flu shots for the Michigan nursing home patients, 46% of patients were not vaccinated because they refused or because relatives did not give consent.

In a recent longitudinal, prospective study of attitudinal risk factors for noncompliance, patients' attitudes about influ-

enza vaccine effectiveness, vaccine side effects and their physicians' opinion of influenza vaccination strongly predicted compliance with flu shots in two consecutive flu seasons. Overall, patients' behavior regarding flu vaccination was consistent during the two flu seasons. Compliance changed in 10% to 15% of patients, primarily associated with changes in attitudes about side effects of influenza vaccine. A combination of physician counseling and efforts to identify and contact high-risk patients may improve compliance. Annually mailing letter reminders combined with physician counseling have gradually increased a clinic's vaccination rates to more than 70%.

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Clinical Basis for Treating Presumptive Chlamydial Infection

Chlamydia trachomatis is our most common sexually transmitted pathogen and is responsible for an estimated 3 million cases of infection annually in the United States. The most common presentation is nongonococcal urethritis in men, but the most important consequences of chlamydial infection—acute salpingitis, tubal factor infertility and probably ectopic pregnancy—occur in women. *C trachomatis* also causes inclusion conjunctivitis and pneumonia in young infants.

The accurate diagnosis of chlamydial infection, not available in most clinical settings, depends on expensive tissue culture isolation procedures. Because chlamydial infections